

Appendix 4

HEARING PROGRAM FEE SCHEDULE

DHEC reimbursement rates for services rendered according to program policy in effect at time service delivered. These rates may vary from current Medicaid or other insurance rates.

PROVIDER MUST BILL MEDICAID DIRECTLY FOR SERVICES IN TABLE 4-1 (THIS PAGE) WHEN RENDERED TO MEDICAID RECIPIENTS.

TABLE 4-1 Hearing Services			
Code	DESCRIPTION	FEE	FREQUENCY
92552	Pure Tone Audiometry (Threshold); air only	\$15.49	6 every 12 months
92557	Hearing Evaluation-comprehensive Audiometry Threshold evaluation & Speech Recognition (92553 & 92556 combined)	\$42.06	1 every 12 months
92557-52	Hearing Re-Evaluation	\$28.75	6 every 12 months
92567	Tympanometry/Impedance Testing	\$18.49	6 every 12 months
92585	Auditory Evoked Potentials for evoked response/audiometry (Diagnostic)		
92585-52	Auditory Evoked Potentials for evoked response/audiometry (Screening)		
92587	Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion products)	\$53.08	No Limit
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$70.90	No Limit
92590	Hearing Aid Exam & Selection – Monaural	\$49.00	6 every 12 months
92592	Hearing Aid Check – Monaural	\$20.00	6 every 12 months
92592-52	Hearing Aid Re-check – Monaural	\$12.50	6 every 12 months
V5275	Ear Impression (each)	\$25.00	6 every 12 months
V5011	Fitting/Orientation/Checking Hearing Aid	\$35.00	6 every 12 months
V5090	Dispensing (handling) Fee	\$105.99	6 every 12 months
92506	Speech Evaluation	\$121.03	1 per lifetime
92506-52	Speech Re-Evaluation	\$60.52	2 every 12 months
92700	Interpreters for the Hearing Impaired ONLY (hourly rate)	\$45.00	

Appendix 4

HEARING PROGRAM FEE SCHEDULE

DHEC reimbursement rates for services rendered according to program policy in effect at time service delivered. These rates may vary from current Medicaid or other insurance rates. PRIOR AUTHORIZATION REQUIRED.

TABLE 4-2 Hearing Devices			
Code	DESCRIPTION	FEE	FREQUENCY
V5264-ORT	Ear mold, non-disposable (RIGHT)	Cost up to of \$77.00) + \$9.50 shipping and handling	2 every 12 months
V5264-OLT	Ear mold, non-disposable (LEFT)	Cost up to of \$77.00) + \$9.50 shipping and handling	2 every 12 months
V5267	Hearing aid accessories and supplies (excludes hearing aid kit below)	Cost +\$9.50 shipping and handling	Monthly
	Hearing aid kits with stethoset and dri-aid	Cost up to \$30.00 +\$9.50 shipping and handling	1 every 5 years
V5030-ORT	Hearing aid, monaural, body worn, air conduction (RIGHT)	Mfr list price up to \$750/aid*	2 every 12 months
V5030-OLT	Hearing aid, monaural, body worn, air conduction (LEFT)	Mfr list price up to \$750/aid*	2 every 12 months
V5040-ORT	Hearing aid, monaural, body worn, bone conduction (RIGHT)	Mfr list price up to \$750/aid*	2 every 12 months
V5040-OLT	Hearing aid, monaural, body worn, bone conduction (LEFT)	Mfr list price up to \$750/aid*	2 every 12 months
V5050-ORT	Hearing aid, monaural, in ear (RIGHT)	Mfr list price up to \$750/aid*	2 every 12 months
V5050-OLT	Hearing aid, monaural, in ear (LEFT)	Mfr list price up to \$750/aid*	2 every 12 months
V5060-ORT	Hearing aid, monaural, behind ear (RIGHT)	Mfr list price up to \$750/aid*	2 every 12 months
V5060-OLT	Hearing aid, monaural, behind ear (LEFT)	Mfr list price up to \$750/aid*	2 every 12 months
V5014-ORT	Hearing aid repair (RIGHT)	Cost up to \$154/aid*	2 every 12 months
V5014-OLT	Hearing aid repair- (LEFT)	Cost up to \$154/aid*	2 every 12 months
V5014-000	Replace tubing of ear hook	\$5.00	Monthly
V5266	Hearing aid batteries	Cost	

* Including shipping and handling

NOTES:

- (1) Prior authorization from CSHCN required for all devices in table above.
- (2) Extended warranties are NOT covered.
- (3) Reimbursement based on manufacturer list price provided with request for approval.
- (4) Division CSHCN approval required if manufacturer list price for hearing aid is more than \$750 (including shipping and handling), or if estimated cost of hearing aid repair is more than \$154 (including shipping and handling).
- (5) Authorization for new or repaired hearing aids will include up to eight batteries each.
- (6) Replacement batteries are available through Division CSHCN for most hearing aids purchased through DHEC. See policy manual for detailed information. No authorization will be issued to audiologists for *replacement* batteries.

TABLE 4-3
**Medicaid Managed Care Organizations (MCOs) with
DHEC Division of Children with Special Health Care Needs (CSHCN) for Hearing Aid Services**

Medicaid MCO	FY 2012	FY 2013	FY 2014	FY 2015
First Choice by Select Health of South Carolina	✓			
UnitedHealth Care Community Plan (Unison)	✓			